



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

NOTES AND COMMENTS.

I.

THE PREVAILING EPIDEMIC.

AT THE present writing the epidemic of *la grippe* appears to be abating. To say positively that it is leaving us is not possible. We should, therefore, not allow statements in the public press, to the effect that the outbreak is waning, to mislead us into becoming careless of exposure to causes that may induce an attack.

The prevailing epidemic originated, or seems to have originated, in Russia about November 1, 1889. According to the European press accounts, one-half of the population of St. Petersburg were attacked by it within three weeks of its appearance in that city. The weather at the time of the outbreak was unusually warm and humid. These conditions were probably the exciting causes. By December 15 the disease had spread over entire northern Europe, and in the opinion of the writer it reached this country about December 20. It is uncertain whether to New York or Boston belongs the doubtful honor of having had the first case. Within fifteen days of December 23, on which date the first cases were reported in New York, fully 200,000 persons had been afflicted with *la grippe* in that city.

There can be no doubt that the American epidemic is identical with the Russian. The disease is due to some micro-organism carried in and by the air, and probably also by clothing and other material. This micro-organism infects the human system, giving rise to the symptoms peculiar to the disease, but in so doing it is rapidly destroyed by some protecting influence in the human body.

Observers of the highest standing differ upon the subject of contagion, some holding that it is highly contagious, others that it is slightly so, and others still that it cannot be transmitted from person to person. The arguments advanced by the latter in defence of their opinion are that its rapid and almost simultaneous diffusion precludes the idea of personal contagion. The extremely short period of incubation tends also to disprove it. In households persons who cannot be shown to have been subjected to the disease are seized with it one after another, a few hours only intervening between each case. Then, too, they say, previous epidemics have occurred and have disappeared entirely after running a short course. If, therefore, it were contagious, the disease would be kept alive for a longer period; indeed, it would, like other contagious diseases, never entirely leave us.

On the other hand, the advocates of the contagious theory point out that the disease always follows the main lines of commerce and travel. In hospital wards it has been observed to affect patients in regular order, travelling from bed to bed. They also quote numerous instances of contagion from infected clothing, letters, etc.

It must be admitted that neither side have satisfactorily proved their theory. To the writer it appears to be a contagious disease in the ordinary acceptation of the term, though it is probably only slightly so, for he has frequently seen one or two members of a large family afflicted, while the others, though exposed to the disease, enjoyed immunity. Its propagation is due largely to infection.

The period of incubation appears to be from eighteen to twenty-four hours. The onset is extremely sudden. Patients complain of shivering or chilly sensations down their back, vertigo often, excessive frontal headache, and great prostration. In an

exceedingly short time the temperature rises as high in some cases as 105° Fahr. It varies according to the severity of the attack from 101° to 105°, or even in rare cases rises to 106¼° Fahr. The pulse is accelerated, but not in proportion to the high temperature.

Two distinct varieties of the disease have appeared in this epidemic—the febricular, or nervous, and the catarrhal. The former is most common; the latter most severe in its effects. The febricular, or nervous, form is characterized by the symptoms already mentioned and by severe pains attributed by patients to the bones of the lower extremities, back, and hips. The prostration is not dangerous except to weakened and debilitated individuals. I have known of but one death from it, and that was of an aged person. It, however, engenders a most aggravated form of “the blues,” and several suicides of persons suffering from it have been reported. As the disease progresses rheumatic pains occur in the joints, especially of the lower extremities, and severe lumbago often sets in. The tongue is coated, the breath foul, and the bowels constipated. A very curious symptom in a few cases is that of cutaneous eruption, of which I have known six well-authenticated cases, five of which were reported to the Board of Health of New York as cases of scarlet fever, so closely did the rash resemble that of the latter disease; sore throat and strawberry tongue were also present. In twelve to twenty hours this rash totally disappeared. The French Academy of Medicine discussed this eruption at some length, and, as far as I can at present ascertain, decided that it was due to antipyrine, which has been so commonly used in the treatment of the disease. In five of the cases reported, however, no medicine of any kind had been administered.

The catarrhal form of the epidemic is marked by the same prodromal symptoms as the febricular; but, in addition to these, there are sneezing and coughing, due to congestion of the mucous membrane of the respiratory tract. This sometimes results in a bronchitis of the smaller, or capillary, bronchi, or even in a bronchopneumonia. The eyes are congested and watery. Some cases even suffer from acute catarrh of the stomach, and have, in consequence, persistent vomiting. The sense of taste, as well as that of smell, is, in many instances, temporarily lost.

The febricular form almost invariably terminates in recovery in from thirty-six to forty-eight hours. The catarrhal variety, however, lasts longer, taking from three to nine days to run its acute course. Convalescence from both is slow, but especially so from the catarrhal. The patient is weak and ailing for some time. The slightest exertion causes profuse perspiration, and relapse, in consequence, easily occurs. Chronic catarrh of the air-passages is apt to be left after an attack of the catarrhal form.

The name contagious influenza is a misnomer, as it applies only to the catarrhal variety, and this probably occurs in only about 10 per cent. of the total number of cases. It was this name and the description of the catarrhal form that misled the physicians of the country and delayed the recognition of the disease.

Males appear to be affected more frequently than females, and those following outdoor occupations more frequently than those employed within. Children seem least of all subject to it.

La grippe is rarely, if ever, fatal in itself, except to the aged. It is, however, highly dangerous to persons suffering from severe chronic ailments, such as consumption, Bright's disease, affections of the heart, etc. Persons excessively debilitated from any cause frequently succumb to its effects.

Physicians have been struck with the resemblance of *la grippe* to dengue fever, or dandy fever, as it is sometimes called on account of the rheumatic affection of the joints, which gives the patient a stiff, dandified walk. They are doubtless closely allied.

The treatment of *la grippe* is varied somewhat with the symptoms presented. A laxative at the onset; antipyrine, or, better still, phenacetine, for the headache and fever; expectorants, sedatives, and inhalations of the compound tincture of benzoin, and steam for the catarrhal form; tonic doses of quinine during convalescence do great good. The excessive sweating may be controlled by the means taken to control it in other diseases.

The following preventive measures should be followed, especially by persons convalescing from other ailments, by those suffering from chronic diseases, and by old persons: Wear warm clothing next to the person. Adopt a plain, nourishing diet and take your meals regularly. Avoid late hours. Keep in-doors as much as possible, especially at night. Shun crowded places, public meetings, etc. When in the open air keep in motion; avoid wetting the feet. On entering a house remove overcoat or wraps at once. Keep away from those suffering from the disease. In a word, avoid exposure and excess; adopt regular habits and live well. On the first symptom of the disease do not attempt to treat yourself, but send at once for a physician.

A good deal has been said by alarmists concerning the probability of cholera following the present epidemic. I cannot do better than to quote a paragraph on this subject from an able editorial in the *New York Medical Record* of December 14, 1889, which voices exactly my opinion:

"We observe that some feeling of alarm prevails lest this epidemic be a precursor to cholera, as was the case in 1831 and 1847. There have been, however, plenty of cholera epidemics without a preceding influenza, and a great many influenza epidemics without any associate cholera. The micro-organisms of the two diseases are as essentially different as are the diseases themselves. The cholera germ lives in water and soil, the influenza germ in the air. The relation between the two diseases has been, we believe, purely accidental."

There is every probability that within a few weeks *la grippe* will have become a thing of the past, and that, having thinned the ranks of the sickly and aged, it will, like our dear old blizzard, be utilized to mark another mile-stone in the history of the nineteenth century.

CYRUS EDSON, M.D

(Of the New York Health Department.)

II.

SPREAD OF THE DEMOCRATIC IDEA.

IN "*Les Châtiments*," a remarkable collection of his later poems, Victor Hugo assumed the rôle of a political prophet. Looking forward to the twentieth century, he declared that, in that century, while America would exclaim, in wonder, "What! I had slaves!" Europe would, with a shudder, retort, "What! I had kings!"

The dawn of the twentieth century is close upon us; and it does not need a very keen observer to see that there is, the world over, a manifest tendency to fulfil the great French poet's prophecy. Nor is this tendency confined to the American, or even to the European, continent. In the present year, the great empire of Japan, "the land of politeness and graceful arts," will enter fully upon the experiment of constitutional government, modelled upon those of the western constitutional states. That it is an experiment, and may, after all, fail to adapt itself to the present condition and even the genius of the Japanese people, does not alter the fact that the democratic idea of popular self-government has captivated the mind of an Oriental monarch, now endowed with absolute power, and the minds of his chief native advisers. Nor would it follow from one failure that this idea, once planted in Japanese thought, and seriously, though inadequately, put into practical effect, would not remain as a seed, to come later into vigorous growth and fruition there. Not less significant is the recent step taken by the Shah Nasr-ed-din of Persia. This strong-minded potentate has enjoyed an absoluteness of power which is not paralleled, perhaps, anywhere among king-ridden nations. The lives and property of his subjects, one and all, are completely at the disposal of his will and whim. The Shah, however, has travelled much, has observed minutely, and has thus undergone a civilizing process which has both broadened and quickened his mind. He now commands his wise men to study European institutions and to see how far they can be successfully put in practice in Persia; and declares that, if this can be done, he is willing to surrender so much of his prerogative as will make constitutionalism a genuine feature of Persian government.

These are two instances in which absolute sovereigns, ruling in ancient des-